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Only

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

17 JUL 14 Př1 3: 35

Office Use Only

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		ample: If typing, typer the lines.	pe 1	2FE4M5	: :
TROY DOWNING FOI			<u> </u>	1 1 1	<u>il.,.l.,.l.</u>	<u> </u>
<u></u>		11.1		1 1	<u>; </u>	
ADDRESS (number and street)	PO BOX 6668				<u> </u>	1:1111
▼ Check if different than previously reported. (ACC)	BOZEMAN				AT 597	<u> </u>
2. FEC IDENTIFICATION N	UMBER ▼	CITY ▲		STA	TE 🛦	ZIP CODE A
C c00640052	3	B. IS THIS REPORT	NEW (N) OI	R	AMENDED (A)	STATE ▼ DISTRICT
4. TYPE OF REPORT (Cr	noose One) (b)	12-Day PRE	-Election Report for	r the:		
April 15 Quarterly Report (Q1) X July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE)			Primary (12P) Convention (12C)	i	General (12G) Special (12S)	
		Election on				in the State of
		(c) 30-Day POST-Election Report for the:				
			General (30G)		Runoff (30R)	Special (30S)
Termination Report (TER)		Election on				in the State of
5. Covering Period C	м р () 95 01 /	2017	through	́м м 06	30	2017
I certify that I have examined the Type or Print Name of Treasure	Lisker, Lisa, ,	best of my ki	nowledge and belief	f it is true,	correct and co.	mplete.
Signature of Treasurer	ker, Lise ,	n R	Lace	Date	м м 07	14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, erron	eous, or incomplete in	oformation may	subject the person s	signing this	Report to the po	enalties of 52 U.S.C. §3010
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